Application for	r Federal Assista	ance SF-424			Version 02
* 1. Type of Submis Preapplicatio X Application Changed/Cor		* 2. Type of Application: New Continuation Revision		If Revision, select appropriate letter(s): Other (Specify)	
* 3. Date Received Completed by Grants.		Applicant Identifier.			
5a. Federal Entity I	dentifier:			* 5b. Federal Award Identifier:	
State Use Only:					
6. Date Received b	y State:	7. State Applica	ation I	Identifier:	
8. APPLICANT IN	FORMATION:	'			
* a. Legal Name:	New Jersey Boar	rd of Public Utilit	ies		
* b. Employer/Taxp	ayer Identification Nu	umber (EIN/TIN):		* c. Organizational DUNS:	
d. Address:					
* Street1: Street2:	2 Gateway Cer 9th Floor	nter			
* City: County:	Newark Essex				
* State: Province:				NJ: New Jersey	
* Country: * Zip / Postal Code	07102			USA: UNITED STATES	
e. Organizational	Unit:				
Department Name: NJ Board of Public Utilities				Division Name: Office of Clean Energy	
f. Name and cont	act information of p	person to be contacted o	n ma	atters involving this application:	
Prefix: M: M: Middle Name: M:	osser	* First I	Name	Mona Mona	
Suffix:					
Title: Bureau C	3003				
Organizational Affi	liation: pard of Public)	Utilities			
* Telephone Numb	er: (973)648-28	391		Fax Number: (973) 648 - 2205	
* Email: mona.m	osser@bpu.state	e.nj.us			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
A: State Government	
Type of Applicant 2: Select Applicant Type:	_
	J ₇
Type of Applicant 3: Select Applicant Type:	_
* Other (specify):	
K	
* 10. Name of Federal Agency:	
National Energy Technology Laboratory	
11. Catalog of Federal Domestic Assistance Number:	
81.041	
CFDA Title:	
State Energy Program	
* 12. Funding Opportunity Number:	
DE-FOA-0000052	
* Title: Recovery Act - State Energy Program	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Statewide	
Statewide	
* 15. Descriptive Title of Applicant's Project:	
New Jersey State Energy Program - American Recovery and Reinvestment Act	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Attach an additional list of Program/Project Congressional Districts if needed. Add Attachment Delete Attachment View Attachment	Application for Federal A	versistance SF-424 Vers	sion 02
Add Attachment Colein Attachment Very Atta			
17. Proposed Project: 18. Estimated Funding (\$): 18. Estimated Funding (\$): 19. Federal	Attach an additional list of Program	n/Project Congressional Districts if needed.	
*8. Estimated Funding (\$): *a. Federal		Add Attachment Delete Attachment View Attachment	
*a. Federal 73, 643, 000.00 b. Applicant 0.00 c. State 0.000 *d. Local 0.00 e. Other 0.000 f. Program Income 0.000 g. TOTAL 73, 643, 000.00 *g. TOTAL 73, 643, 000.00 *Email: 100.00 *g. TOTAL 73, 643, 000.00 *Email: 100.00 *Email:	17. Proposed Project: * a. Start Date: 06/17/2009	* b. End Date: 03/31/2012	
b. Applicant 0.00 c. State 0.00 d. Local 0.00 d. Local 0.00 e. Other 0.00 f. Program Income 0.00 g. TOTAL 73,643,000.00 19. IS Application subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on D. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is subject to E.O. 12372. 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation 21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, flettibus, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: *First Name: Jeanne Modde Name: M. *Last Name: Fox Suffix: *Title: *President**, NJ Board of Public Utilities *Take President**, NJ Board of Public Utilities *Telephone Number: [973) 648-2013 *Email: *Jeanne**, foxsbpu. state.nj.us	18. Estimated Funding (\$):		
*c. State	* a. Federal	73,643,000.00	
d. Local 0.00 *e. Other 0.00 *f. Program Income 0.00 *g. TOTAL 73, 643, 000.00 *19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on D. Program is subject to E.O. 12372 but has not been selected by the State for review. C. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation 21. *By signing this application, I cortify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: Ma. *First Name: Jeanne Middle Name: M. *Last Name: Pros Ma. *First Name: Jeanne Ma. *Last Name: Pros Ma. *First Name: Pros *First Name: Pros Ma. *First Name: Pros *First Name: Pros	* b. Applicant	0.00	
**e. Other	* c. State	0.00	
**The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. **Title: President, NJ Board of Public Utilities **Telephone Number: [973) 648-2013 **Email: [eanne, fox@bpu, state.nj.us	* d. Local	0.00	
** g. TOTAL	* e. Other	0.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation. 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an awar. I am aware that any false, (ictilitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ***I AGREE** **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: **First Name: Jeanne Middle Name: M. *Last Name: Fox Suffix: *Title: President, NJ Board of Public Utilities *Telephone Number: [973) 648-2013 *Email: Jeanne.fox®bpu.state.nj.us	* f. Program Income	0.00	
a. This application was made available to the State under the Executive Order 12372 Process for review on D. Program is subject to E.O. 12372 but has not been selected by the State for review. C. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation: Yes Yes No Explanation: Sexplanation: Sexplanatio	* g. TOTAL	73,643,000.00	
herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE			
Prefix: Ms. *First Name: Jeanne Middle Name: M. *First Name: Fox Suffix: President, NJ Board of Public Utilities * Title: President, NJ Board of Public Utilities * Telephone Number: (973) 648-2013 Fax Number: (973) 648-2205 * Email: jeanne.fox@bpu.state.nj.us	herein are true, complete and comply with any resulting terr subject me to criminal, civil, o ** I AGREE ** The list of certifications and a	I accurate to the best of my knowledge. I also provide the required assurances** and agree to as if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may administrative penalties. (U.S. Code, Title 218, Section 1001)	
Middle Name: M. *Last Name: Fox Suffix: * Title: President, NJ Board of Public Utilities * Telephone Number: [973)648-2013 Fax Number: [973)648-2205 * Email: jeanne.fox@bpu.state.nj.us	Authorized Representative:		
* Telephone Number: [973)648-2013 Fax Number: [973)648-2205 * Email: [jeanne.fox@bpu.state.nj.us	Middle Name: M. * Last Name: Fox	* First Name: Jeanne	
*Email: jeanne.fox@bpu.state.nj.us	* Title: President, NJ	Board of Public Utilities	
	* Telephone Number: (973) 64	8-2013 Fax Number: (973) 648-2205	
* Signature of Authorized Representative: Computer to Signature of Authorized Representative (Computer to Signature Computer to Signature Computer to Signature Computer to Signature (Computer to Signature Computer to Signature Computer to Signature Computer to Signature Computer (Computer to Signature Computer to Signature Computer to Signature Computer to Signature Computer (Computer to Signature Computer to Signature Computer to Signature Computer to Signature Computer (Computer to Signature Computer to Signature Computer to Signature Computer to Signature Computer (Computer to Signature Computer to Signature Computer to Signature Computer (Computer to Signature Computer to Signature Computer Computer (Computer to Signature Computer Computer Computer Computer Computer Computer Computer (Computer Computer	*Email: jeanne.fox@bpu.s	ate.nj.us	
The state of the s	* Signature of Authorized Repres	entative: Company by Scants polython sufficiency * Date Signed: Company by Scants and upon Julinity on Cy	

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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424	Version 02
* Applicant Federal Debt Delinquency Explanation	
The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.	
3.5	

Project/Performance Site Location(s)

roject/Performanc	e Site Primary Location	I am submitt local or triba		, academia, or o				
Organization Name:	New Jersey Board	d of Public	Utiliti	es				
OUNS Number:	1897376820000							
Street1: 2 Gat	eway Center							
Street2:								
City: Newar	k		Co	ounty: Essex				
State: NJ: N	ew Jersey							
Province:								
Country: USA:	UNITED STATES							
	07102		ting an applica	Project/ Perform	vidual, and	not on beh	alf of a cor	
roject/Performano	ce Site Location 1		ting an applica		vidual, and	not on beh	alf of a cor	
roject/Performano Organization Name OUNS Number:	ce Site Location 1		ting an applica	ation as an indi	vidual, and	not on beh	alf of a cor	
oroject/Performane Organization Name OUNS Number: Street1:	ce Site Location 1		ting an applica	ation as an indi	vidual, and	not on beh	alf of a cor	
oroject/Performand Organization Name OUNS Number: Street1:	ce Site Location 1		ting an applical	ation as an indi	vidual, and	not on beh	alf of a cor	
oroject/Performand Organization Name OUNS Number: Street1:	ce Site Location 1		ting an applical	ation as an indi	vidual, and	not on beh	alf of a cor	
oroject/Performance Organization Name OUNS Number: Street1: Street2: City: State:	ce Site Location 1		ting an applical	ation as an indi	vidual, and	not on beh	alf of a cor	
Organization Name DUNS Number: Street1: Street2: City: State: Province:	ce Site Location 1		ting an applical	ation as an indi	vidual, and	not on beh	alf of a cor	